

The Native American
Women's Health Education
Resource Center

Postponing Pregnancy



Thinking about
birth control

Methods of pregnancy postponement (consult a doctor before deciding which method is right for you.)

<u>Method</u>	<u>How To Use It & How It Works</u>	<u>Failure Rate*</u>	<u>Potential Side Effects</u>	<u>Length Effective</u>
ABSTINENCE	Not having sex. Because the penis never enters the vagina, there is no way for the sperm to reach the egg.	0	none	continuous
CONDOMS Male and Female	A lubricated male condom is put over the erect penis <i>before any penetration</i> . <i>Half an inch</i> must be left at the end of the condom to catch sperm. A female condom should be placed into the woman's vagina and lubricated. The condom blocks the sperm from getting to the egg. (NOTE: <i>Do not use a male and a female condom at the same time. The friction of the condoms rubbing together makes them more likely to break.</i>) After ejaculation, the male condom must be removed <i>right away, while the penis is still erect</i> . A new condom must be used for each act of intercourse.	5 - 20	none (a small number of people may be allergic to nonoxynol-9, a spermicide that lubricates many condoms, but different spermicides are available)	1 act of intercourse
DEPO-PROVERA	A doctor injects a shot of hormones every <i>three months</i> . The hormones stop ovulation and thicken cervical mucus, making it harder for the sperm to reach the egg.	1 in the first year	excessive bleeding, depression, headaches, fatigue, hair loss, weight change, breast cancer, cervical cancer, future difficulty getting pregnant	3 months
DIAPHRAGM	A diaphragm is filled with spermicide and inserted into the vagina to make a barrier that kills sperm and blocks them from reaching the egg. A diaphragm must be inserted properly and left in the vagina for <i>6 hours</i> after sex, in order to be effective. A doctor must re-fit the diaphragm when a woman gains or loses more than ten pounds.	5 - 25	none (a small number of people may be allergic to nonoxynol-9, but different spermicides are available)	needs new spermicide for each intercourse
I.U.D.	An I.U.D. irritates the lining of the uterus, making it hard for the sperm to get to the egg and hard for a fertile egg to implant in the uterus.	1 plus 2-8% expulsion rate	irregular or heavy bleeding and menstruation, anemia, abdominal pain, possible perforation of the uterus, risk of pelvis inflammatory disease	1-8 years (different brands)
NORPLANT	A doctor inserts six small capsules into the upper arm every <i>3-5 years</i> . The hormones in the capsules stop ovulation and thicken the cervical mucus making it harder for sperm to reach the egg. <i>Women who weigh over 155 lbs. have a higher rate of getting pregnant than women who weigh less than 155 lbs.</i>	3 - 8 in the first 3 years	irregular periods & spotting, infections, headaches, mood changes, acne, weight changes, abdominal pain	3 - 5 years
PERIODIC ABSTINENCE	By charting her menstrual cycle (with a calendar or from changes in basal body tempertaure), a woman can calculate when in the month she is fertile (able to get pregnant) and can abstain from having sex or use other forms of birth control during those fertile times.	10 - 30	none	continuous
THE PILL	A pill is taken <i>at the same time every day</i> . Hormones in the pills stop ovulation and thicken cervical mucus to block the sperm.	1 - 10	nausea, mood changes, depression, weight change, acne, fatigue, migraine headaches, spotting between periods, may increase risk of STDs, abdominal pains, higher risk of ovarian cysts, irregular menstrual bleeding	1 month per package
SPERMICIDES	A film, foam, or capsule is inserted into the vagina <i>15 minutes before intercourse begins</i> . It dissolves and forms a barrier that prevents the sperm from reaching the egg, and the chemicals of the spermicide kill the sperm. New spermicide must be inserted each time.	10-30	none (a small number of people may be allergic to nonoxynol-9, but different spermicides are available)	1 hour
EMERGENCY CONTRACEPTION	A series of high dosage pills, containing the same hormones found in birth control pills which interfere with a woman's ovulation and prevent her from becomming pregnant, are taken within 76 hours of unprotected sex. A negative pregnancy test is required before a doctor will prescribe the pills. EC is not a method to replace regular, on-going methods of pregnancy postponement. It is intended for emergency situations such as the failure of alternative birth control.	about 15-25%	nausea and vommiting are common	

To reduce the chance of an unwanted pregnancy use two methods of birth control at once. Condoms and pills, spermicides with condoms, condoms and a diaphragm, etc.

* Failure rates are given in terms of the number of pregnancies expected to occur in one year when 100 couples use this method. These methods require the person using them to follow specific instructions in order to make the method effective. **If the instructions are not followed precisely, the failure rate of the method increases!**

Why do I need to think about birth control?

- If you and your partner do not use any form of birth control, there is an 85% chance of getting pregnant.
- Birth control is the responsibility of **both** people having sex. Sometimes people think that getting birth control is the *guy's* job, or that if a woman doesn't want to get pregnant, then *she* needs to make sure that she doesn't, but preventing pregnancy should be the equal responsibility of both partners in a relationship.
- It is important to think about birth control so that you can plan ahead. You need to decide what is right for you, and to be able to discuss this with your partner. Besides, making decisions "in the heat of the moment" often leads to bad decision-making.

Sex does not prove that you love someone. Love comes from your heart, not your body. No one should ever pressure you or force you into having sex. You have the right to decide what you do with your body. **RAPE IS A CRIME.**

Deciding which method of birth control is best for you.

- *How important is it that you and your partner do not get pregnant?*

Abstinence (not having sex) is the **only** guaranteed way to prevent a pregnancy. All other methods of pregnancy prevention have failure rates.

- *Have you considered the side effects and health risks of the method?*

Some forms of birth control cause side effects-- ranging from weight gain to an increased risk of cancer. Other methods are advised against for women with special health conditions such as diabetes, high cholesterol, or others. Smoking or certain medications can also be dangerous, or reduce the effectiveness, of some methods of birth control. Make sure to ask your doctor about the side-effects and health risks of the methods you are considering.

- *What works best for you and your partner?*

Whether you or your partner, or both of you, are involved in using a method of birth control, you both need to feel comfortable and confident in your decision. If you aren't happy with your method of pregnancy prevention, you will be less likely to use it regularly and accurately, thus increasing the chances of pregnancy.

**Do not forget to protect yourself
from sexually transmitted diseases!**

- Some STDs do not show visible symptoms. Don't assume that just because you can't see it, it isn't there. Ask your partner about his or her sexual history.
 - **Condoms are the only form of contraception that provide protection against HIV, AIDS, and other sexually transmitted diseases.**
 - If you think that you may have been exposed to a sexually transmitted disease, get tested! It is important to get the proper medical attention so that you do not get sick and so that you do not infect anyone else.
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If you have questions or want more information about sex, sexuality, birth control, pregnancy, or anything else related to pregnancy postponement, you can always talk to:

- Your local nurse, doctor, or midwife
- The Planned Parenthood Federation of America 1-800-669-0156
- The Native American Women's Health Education Resource Center
P.O. Box 572
Lake Andes, SD 57356
phone: (605) 487-7072